HILL GROUP DRIVER'S AUTO ACCIDENT REPORT FORM

NAME:		COMPANY:		PLATE #:	
I. DATE OF ACCIDENT:	//	2. TIME OF	ACCIDENT::	_ AM	PΙV
3. LOCATION OF ACCID	DENT:				
4. DESCRIPTION OF AC	CIDENT IN DET	AIL:			
5. WAS A POLICE REPO	ORT FILED?	Yes No			
5. POLICE REPORT NUM	MBER:				
7. HAVE YOU NOTIFIED	OUR INSURAN	ICE COMPANY?	Yes No		
O MANUAT CONTRADANIVAN		OU DRIVING AT THE	TIME OF THE ACCIDENT	2	
			IME OF THE ACCIDENT		
YEAR	MAKE	MODEL	VIN#	PLATE #	
AUTO A:					_
9. ANY OTHER COMPA	NY VEHICLE (S)	INVOLVED?			
YEAR	MAKE	MODEL	VIN#	PLATE #	
AUTO R.					

UPDATED ON 6/16/2021

10. LIST INFORMATION ABOUT OTHER VEHICLE(S) INVOLVED IN ACCIDENT: YEAR MAKE MODEL VIN# PLATE # AUTO C: ______ _________ 11. LIST OTHER DRIVER(S) INVOLVED IN ACCIDENT: NAME DRIVERS LICENSE # **HOME PHONE** AUTO C: ______ AUTO D: _____ 12: OTHER DRIVER(S) INSURANCE INFORMATION: **INSURANCE COMPANY** POLICY # PHONE # 13. LIST ALL INJURIES AND/OR DAMAGE TO PROPERTY INCLUDING VEHICLE DAMAGE: **NAME** TYPE OF INJURY/DAMAGE Auto___:______ Auto___: ___________

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Appendix 3 Auto___: _____ Auto____: Auto___: _____ **14. LIST WITNESSES:** NAME ADDRESS (Street,City,State,Zip) PHONE # WITNESS 1: _____ WITNESS 2: _____ WITNESS 3: _____ 15. ON A SEPARATE PIECE OF PAPER - DRAW A DIAGRAM SHOWING POSITION OF VEHICLES (show North and South) AND TAKE A PHOTO OF THE DIAGRAM:

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UTO A – COMPANY VEHICLE (Q16-21) 5. ATTACH 1 PHOTO OF LICENSE PLATE:	17. ATTACH 1 PHOTO OF THE CURRENT ODOMET
. TAKE 1 PHOTO OF THE VIN # (located on bott	om left corner of windshield or driver door/frame)
TAKE IT HOTO OF THE VIVE # (located oil bott	The corner of windshield of driver doory frame,
	<u> </u>
. WIDE VIEW OF ENTIRE DAMAGED SIDE ST	ΓANDING 5-7 FEET AWAY.

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20. ATTACH PHOTOS OF THE DAMAGE (SUGGEST	MINIMUM OF 4 PHOTOS)*:
21. ATTACH PHOTOS OF THE DAMAGE FOR THE O	THER VEHICLES (Auto C, D, E):

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2. ATTACH AN	NY OTHER RELEN	/ANT PHOTOS O	OF THE AREA	\/LOCATION	l:	
22. ATTACH AN	NY OTHER RELEN	/ANT PHOTOS O	of the Area	A/LOCATION	l:	
22. ATTACH AN	NY OTHER RELEN	/ANT PHOTOS O	OF THE AREA	A/LOCATION	l:	
22. ATTACH AN	NY OTHER RELEN	/ANT PHOTOS O	OF THE AREA	A/LOCATION	l:	
22. ATTACH AN	NY OTHER RELEN	/ANT PHOTOS O	OF THE AREA	A/LOCATION	l:	
22. ATTACH AN	NY OTHER RELEV	/ANT PHOTOS O	OF THE AREA	A/LOCATION	l:	

*NOTE: PLEASE ATTACH ANY ADDITIONAL PHOTOS TO THE EMAIL.

YOUR PRINTED NAME DATE **YOUR SIGNATURE**

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